94 - Recommendations

Recommendations

424 The Maudsley® Prescribing Guidelines in Psychiatry CHAPTER 3 Recommendations ■ ■All patients with a diagnosis of depression should be screened for diabetes. ■ ■In those who are diabetic: ■ ■use SSRIs first line; data support sertraline, escitalopram and fluoxetine ■ ■SNRIs, bupropion, vortioxetine and agomelatine are also likely to be safe but there are fewer supporting data ■ ■avoid TCAs and MAOIs if possible, because of their effects on weight and glucose homeostasis ■ ■monitor blood glucose and HbA1c carefully when antidepressant treatment is initiated, when the dose is changed and after discontinuation ■ ■metformin may be a preferred diabetes treatment because of its putative beneficial effects on mood in type II diabetes.35,36 References

1. Berk M, et al. Comorbidity between major depressive disorder and physical diseases: a comprehensive review of epidemiology, mechanisms and management. World Psychiatry 2023; 22:366–387.
2. Lustman PJ, et al. Depression in diabetic patients: the relationship between mood and glycemic control. J Diabetes Complications 2005; 19:113–122.
3. Baumeister H, et al. Psychological and pharmacological interventions for depression in patients with diabetes mellitus and depression. Cochrane Database Syst Rev 2012; 12:CD008381.
4. Wang Y, et al. Antidepressants use and the risk of type 2 diabetes mellitus: a systematic review and meta-analysis. J Affect Disord 2021; 287:41–53.
5. Movahed F, et al. Incident diabetes in adolescents using antidepressant: a systematic review and meta-analysis. Eur Child Adolesc Psychiatry 2024; doi: 10.1007/s00787-024--02502-x [Online ahead of print].
6. Kim H, et al. Depression, antidepressant use, and the risk of type 2 diabetes: a nationally representative cohort study. Front Psychiatry 2023; 14:1275984.
7. Maheux P, et al. Fluoxetine improves insulin sensitivity in obese patients with non-insulin--dependent diabetes mellitus independently of weight loss. Int J Obes Relat Metab Disord 1997; 21:97–102.
8. Gulseren L, et al. Comparison of fluoxetine and paroxetine in type II diabetes mellitus patients. Arch Med Res 2005; 36:159–165.
9. Lustman PJ, et al. Sertraline for prevention of depression recurrence in diabetes mellitus: a randomized, double-blind, placebo-controlled trial. Arch Gen Psychiatry 2006; 63:521–529.
10. Gray DS, et al. A randomized double-blind clinical trial of fluoxetine in obese diabetics. Int J Obes Relat Metab Disord 1992; 16 Suppl 4:S67–S72.

11. Knol MJ, et al. Influence of antidepressants on glycaemic control in patients with diabetes mellitus. Pharmacoepidemiol Drug Saf 2008; 17:577–586. Table 3.16 (Continued) Antidepressant class Effect on glucose homeostasis Agomelatine19 ■ ■A few studies suggest agomelatine is effective with some improvement or no worsening of glycaemic parameters ■ ■Agomelatine also demonstrated a minimum effect on body weight Bupropion ■ ■Improved weight and HbA1c in one open study33 Vortioxetine ■ ■No clinically relevant changes in weight or blood in one subgroup analysis of clinical trial data.34 Limited evidence of an improvement in HbA1c.19 Reboxetine, trazodone ■ ■No data in patients with diabetes ■ ■One study revealed 20% increased risk of type 2 diabetes in people prescribed trazodone20 HbA1c, glycated haemoglobin; MAOI, monoamine oxidase inhibitor; TCA, tricyclic antidepressant.

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